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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/611,300
Filing Date	07/01/03
First Named Inventor	Tan
Art Unit	
Examiner Name	
Attorney Docket Number	4013-03

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: lack of time to effectively handle this client's case due to my full time employment with another client.

CORRESPONDENCE ADDRESS1. The correspondence address is NOT affected by this withdrawal.Access Global, Inc., 489 Sinclair Frontage Rd.,
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